

# REQUEST FOR TIME EXTENSION

PLEASE NOTE: THE "REASON FOR THE REQUEST" PORTION **MUST** BE COMPLETED OR THIS FORM WILL NOT BE PROCESSED!

\_\_\_\_\_ **FILING FEE**

\_\_\_\_\_ **PELP (PLANNED EDUCATIONAL LEAVE PROGRAM)**

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

STUDENT ID #: \_\_\_\_\_

MAJOR: \_\_\_\_\_

REASON FOR EXTENSION REQUEST: \_\_\_\_\_

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## DEPARTMENTAL AUTHORIZATION

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EXTENSION REQUESTED THROUGH (QUARTER & YEAR): \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
GRADUATE ADVISER (Please sign and PRINT name)

\_\_\_\_\_  
DATE

**FOR ENGINEERING STUDENTS (except Biomedical and Electrical & Computer Engineering):**

\_\_\_\_\_  
Engineering Associate Dean for Research & Graduate Studies

\_\_\_\_\_  
DATE

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## FOR GRADUATE STUDIES USE ONLY:

DENIED \_\_\_\_\_

APPROVED \_\_\_\_\_

REGISTRAR'S OFFICE NOTIFIED \_\_\_\_\_

\_\_\_\_\_  
ASSOCIATE DEAN

\_\_\_\_\_  
GRADUATE PROGRAM LIAISON

\_\_\_\_\_  
DATE